

**TOWN OF
SOUTHERN SHORES**
5375 N Virginia Dare Trl
Southern Shores, NC
27949
(252) 261-2394 tel
(252) 255-0876 fax
www.southernshores-nc.gov



SUB-CONTRACTOR SIGN OFF AND/OR PERMIT

Date _____
PROJECT ADDRESS _____
 Owner _____
 Mailing Address _____
 City, State, Zip _____
 Phone _____

Permit Number _____

Fee \$ _____

EXISTING Building Permit Number _____ **NO FEE** _____

ELECTRICAL = Licensee Name _____ **NC License/Classification** _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

PLUMBING = Licensee Name _____ **NC License/Classification** _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

GAS = Licensee Name _____ **NC License/Classification** _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

MECHANICAL = Licensee Name _____ **NC License/Classification** _____
 Company Name _____
 Address _____ Phone _____
 City State & zip _____ Estimated Project Cost _____

Description of Work: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Signature of Licensee **Date**

Signature of Permit Official **Date**